

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-007521

STATE FILE NUMBER

Registration District No. 380- Primary Registration District No. 3039 Registrar's No. 832

DO NOT WRITE  
ON THIS STUB

AMENDED

**FILED MAR 13 1963**

VS 300  
Rev. 4/59

10585

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Brookfield</u>		c. CITY OR TOWN <u>Brookfield</u>	
Length of stay in 1b <u>60 yr.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3 1/6 Linn</u>		d. STREET ADDRESS (If outside, give location) <u>3 1/6 Linn</u>	
3. NAME OF DECEASED (Type or print) First <u>MARVIN</u> Middle <u>HENRY</u> Last <u>DEARDORFF</u>		4. DATE OF DEATH Month <u>Feb</u> Day <u>27</u> Year <u>1963</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov 15 1882</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Grocery</u>	9. AGE (last birthday) <u>80 yr.</u>
11a. FATHER'S NAME <u>James Deardorff</u>		11b. MOTHER'S MAIDEN NAME <u>Eliza Turner</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		14. NAME OF HUSBAND OR WIFE <u>Elizabeth Ann Deardorff</u>	
15. SOCIAL SECURITY NO. <u>7</u>		16. INFORMANT <u>Elizabeth Deardorff</u>	
17. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>17 days</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Senility</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>10:00</u> a.m. <u>10:00</u> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION	
21. I attended the deceased from <u>6-11-58</u> to <u>2-27-63</u> and last saw her alive on <u>2-27-63</u>		Death occurred at <u>10:00</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>John R. Dwyer M.D.</u> (Degree or title)		22b. ADDRESS <u>Brookfield Mo</u>	
22c. DATE SIGNED <u>2-1-63</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>March 2, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Michael</u>	23d. LOCATION (City, town, or county) <u>Brookfield Mo.</u> (State)
24. FUNERAL DIRECTOR <u>W. J. Borden</u>	25. DATE RECD. BY LOCAL REG. <u>3-2-63</u>	26. REGISTRAR'S SIGNATURE <u>Anna Watson</u>	

USE BLACK INK

OR

TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student: \_\_\_\_\_  
Signature of Student Embalmer

Signed Gerald I. Wade

Licensed Embalmer No. 4172

P. O. Address Browning

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.